FACILITY NAME AND PERMIT NUMBER: VA0020702

Virginia Corr. Ct. for Women

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name	**Virginia Correctional Center for Women**
Mailing Address	**State Farm** **State Farm, VA 23160**
Contact Person	**Steve Spence**
Title	**Environmental Services Unit Manager**
Telephone Number	**(434) 767-5543 Ext. 5319**
Facility Address (not P.O. Box)	2841 River Road West **Goochland, VA 23063**

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name	**Virginia Department of Corrections**
Mailing Address	**6900 Atmore Drive** **Richmond, VA 23225**
Contact Person	**Tim Newton**
Title	**Environmental Services Unit Director**
Telephone Number	**(804) 887-8069**

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	**VA0020702**	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
VCCW	**385**	**separate sanitary sewer**	**DOC**
Goochland	**1300**		

Total population served **1685**

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .300 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate			
c. Maximum daily flow rate			

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer ____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☒ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number (____) _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number (____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 002

b. Location: James River (Middle) (City or town, if applicable) 23160 (Zip Code)

Goochland (County) VA (State)

N 37.67066 N 37* 40' 14.4" (Lattitutde) W 77.8965 W 77* 53' 47.4" (Longitude)

c. Distance from shore (if applicable): Bank discharge ft.

d. Depth below surface (if applicable): n\a ft.

e. Average daily flow rate: _____ mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water: James River

b. Name of watershed (if known): James River Basin

United States Soil Conservation Service 14-digit watershed code (if known): 02080205030H38

c. Name of State Management/River Basin (if known): Department of Conservation and Recreation

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): JM79

d. Critical low flow of receiving stream (if applicable)
acute n\a cfs chronic n\a cfs

e. Total hardness of receiving stream at critical low flow (if applicable): n\a mg/l of $CaCO_3$

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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	95	%
Design SS removal	85	%
Design P removal	n\a	%
Design N removal	n\a	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

UV

If disinfection is by chlorination is dechlorination used for this outfall? ☐ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	7.4	s.u.			
Flow Rate	.276	MGD	.175	MGD	3
Temperature (Winter)	17.1	C	15.2	C	3
Temperature (Summer)	29.1	C	26.3	C	3

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	8.2	mg\l	<QL	mg\l	3	5210 B	2.0
	CBOD5	n\a	n\a	n\a	n\a	n\a	n\a	n\a
FECAL COLIFORM		<2	N\CML	<2	N\CML	3	9222B	2.0
TOTAL SUSPENDED SOLIDS (TSS)		9.10	mg\l	1.6	mg\l	3	25401 D	0.5

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. **Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration**

10,000 gallons per event

Briefly explain any steps underway or planned to minimize inflow and infiltration.

We are in the process of replacing piping and manholes to reduce inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: ( ) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

n\a

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	6.01	mg/l	4.03	mg/l	3	350.1/R2.0	
CHLORINE (TOTAL RESIDUAL, TRC)	ND		ND		3	DR100	
DISSOLVED OXYGEN	8.2	mg/l	7.21	mg/l	30	YSI550A	
TOTAL KJELDAHL NITROGEN (TKN)	7.20	mg/l	5.28	mg/l	3	351.2/R2.0	
NITRATE PLUS NITRITE NITROGEN	<.10	mg/l	<.10	mg/l	3	SM18/4500N	
OIL and GREASE	<5.0	mg/l	<5.0	mg/l	3	EPA1664A	
PHOSPHORUS (Total)	1.33	mg/l	.83	mg/l	3	SM18/4500PE	
TOTAL DISSOLVED SOLIDS (TDS)	309	mg/l	295.3	mg/l	3	SM18/2540C	
OTHER	-	-	-	-	-	-	-

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

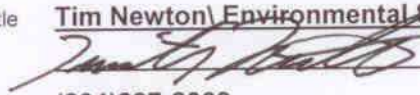
☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: **Tim Newton\ Environmental Services Unit Director**

Signature: 

Telephone number: **(804)887-8069**

Date signed: 12/6/13

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

<100DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

Effective January 1, 2012, all analyses shall be in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

A listing of Virginia Environmental Laboratory Accreditation Program (VELAP) certified and/or accredited laboratories can be found at the following website:
http://www.dgs.state.va.us/DivisionofConsolidatedLaboratoryServices/Services/EnvironmentalLaboratoryCertification/tabid/1059/Default.aspx

Please be advised that additional water quality analyses may be necessary and/or required for permitting purposes.

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(3)	1.4	<1.0	G or C	1/5 YR
7440-38-2	Arsenic, dissolved	(3)	1.0	<1.0	G or C	1/5 YR
7440-39-3	Barium, dissolved	(3)	200	<10	G or C	1/5 YR (PWS)
7440-43-9	Cadmium, dissolved	(3)	.30	<0.05	G or C	1/5 YR
16065-83-1	Chromium III, dissolved [6]	(3)	3.6	<1.0	G or C	1/5 YR
18540-29-9	Chromium VI, dissolved [6]	(3)	1.6	<1.0	G or C	1/5 YR
7440-50-8	Copper, dissolved	(3)	0.50	<0.50	G or C	1/5 YR
7439-89-6	Iron, dissolved	(3)	30	<10	G or C	1/5 YR (PWS)
7439-92-1	Lead, dissolved	(3)	0.50	<.10	G or C	1/5 YR
7439-96-5	Manganese, dissolved	(3)	5.0	<5.0	G or C	1/5 YR (PWS)
7439-97-6	Mercury, dissolved	(3)	1.0	<.10	G or C	1/5 YR
7440-02-0	Nickel, dissolved	(3)	0.94	<.50	G or C	1/5 YR
7782-49-2	Selenium, Total Recoverable	(3)	2.0	<.50	G or C	1/5 YR (FW)
7440-22-4	Silver, dissolved	(3)	0.20	<.10	G or C	1/5 YR
7440-28-0	Thallium, dissolved	(3)	(4)	<.10	G or C	1/5 YR
7440-66-6	Zinc, dissolved	(3)	3.6	<1.0	G or C	1/5 YR
PESTICIDES/PCBs						
309-00-2	Aldrin	608/625	0.05	<.05	G or C	1/5 YR
57-74-9	Chlordane	608/625	0.2	.20	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	622	(4)	<.10	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
72-54-8	DDD	608/625	0.1	<.10	G or C	1/5 YR
72-55-9	DDE	608/625	0.1	<.10	G or C	1/5 YR
50-29-3	DDT	608/625	0.1	<.10	G or C	1/5 YR
8065-48-3	Demeton (synonym = Dementon-O,S)	622	(4)	<.10	G or C	1/5 YR
333-41-5	Diazinon	622	(4)	<.10	G or C	1/5 YR
60-57-1	Dieldrin	608/625	0.1	<.10	G or C	1/5 YR
959-98-8	Alpha-Endosulfan (synonym = Endosulfan I)	608/625	0.1	<.10	G or C	1/5 YR
33213-65-9	Beta-Endosulfan (synonym = Endosulfan II)	608625	0.1	<.10	G or C	1/5 YR
1031-07-8	Endosulfan Sulfate	608/625	0.1	<.10	G or C	1/5 YR
72-20-8	Endrin	608/625	0.1	<.10	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	608/625	(4)	<.10	G or C	1/5 YR
86-50-0	Guthion (synonym = Azinphos Methyl)	622	(4)	<.10	G or C	1/5 YR
76-44-8	Heptachlor	608/625	0.05	<.05	G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	608/625	(4)	<.10	G or C	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608/625	(4)	<.10	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608/625	(4)	<.10	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC (syn. = Lindane)	608/625	(4)	<.10	G or C	1/5 YR
143-50-0	Kepone	8081 Extended/ 8270C/8270D	(4)	<.60	G or C	1/5 YR
121-75-5	Malathion	614	(4)	<1.0	G or C	1/5 YR
72-43-5	Methoxychlor	608.2	(4)	<.10	G or C	1/5 YR
2385-85-5	Mirex	8081 Extended/ 8270C/8270D	(4)	<.10	G or C	1/5 YR
56-38-2	Parathion (synonym = Parathion Ethyl)	614	(4)	<1.0	G or C	1/5 YR
1336-36-3	PCB, total	608/625	7.0	<7.0	G or C	1/5 YR
8001-35-2	Toxaphene	608/625	5.0	<.50	G or C	1/5 YR
	BASE NEUTRAL EXTRACTABLES					
83-32-9	Acenaphthene	610/625	10.0	<10	G or C	1/5 YR
120-12-7	Anthracene	610/625	10.0	<10	G or C	1/5 YR
92-87-5	Benzidine	625	(4)	<10	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	610/625	10.0	<10	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	610/625	10.0	<10	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
207-08-9	Benzo (k) fluoranthene	610/625	10.0	<10	G or C	1/5 YR
50-32-8	Benzo (a) pyrene	610/625	10.0	<10	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	625	(4)	<10	G or C	1/5 YR
108-60-1	Bis 2-Chloroisopropyl Ether	625	(4)	<10	G or C	1/5 YR
117-81-7	Bis 2-Ethylhexyl Phthalate (syn. = Di-2-Ethylhexyl Phthalate)	625	10.0	<10	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	<10	G or C	1/5 YR
91-58-7	2-Chloronaphthalene	625	(4)	<10	G or C	1/5 YR
218-01-9	Chrysene	610/625	10.0	<10	G or C	1/5 YR
53-70-3	Dibenzo (a,h) anthracene	610/625	20.0	<10	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	602/624	10.0	<10	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	602/624	10.0	<10	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	602/624	10.0	<10	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	625	(4)	<10	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	<10	G or C	1/5 YR
131-11-3	Dimethyl phthalate	625	(4)	<10	G or C	1/5 YR
84-74-2	Di-n-butyl Phthalate (synonym = Dibutyl Phthalate)	625	10.0	<10	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	<10	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	625/ 8270C/8270D	(4)	<10	G or C	1/5 YR
206-44-0	Fluoranthene	610/625	10.0	<10	G or C	1/5 YR
86-73-7	Fluorene	610/625	10.0	<10	G or C	1/5 YR
118-74-1	Hexachlorobenzene	625	(4)	<10	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	625	(4)	<10	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	625	(4)	<10	G or C	1/5 YR
67-72-1	Hexachloroethane	625	(4)	<10	G or C	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	610/625	20.0	<10	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	<10	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	<10	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	625	(4)	<10	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	625	(4)	<10	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	625	(4)	<10	G or C	1/5 YR

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
129-00-0	Pyrene	610/625	10.0	<10	G or C	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	<10	G or C	1/5 YR
	VOLATILES					
107-02-8	Acrolein	624	(4)	<50	G	1/5 YR
107-13-1	Acrylonitrile	624	(4)	<10	G	1/5 YR
71-43-2	Benzene	602/624	10.0	<10	G	1/5 YR
75-25-2	Bromoform	624	10.0	<10	G	1/5 YR
56-23-5	Carbon Tetrachloride	624	10.0	<10	G	1/5 YR
108-90-7	Chlorobenzene (synonym = Monochlorobenzene)	602/624	50.0	<10	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	<10	G	1/5 YR
67-66-3	Chloroform	624	10.0	<10	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	<10	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	<10	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	<10	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	624	(4)	<10	G	1/5 YR
78-87-5	1,2-Dichloropropane	624	(4)	<10	G	1/5 YR
542-75-6	1,3-Dichloropropene	624	(4)	<20	G	1/5 YR
100-41-4	Ethylbenzene	602/624	10.0	<10	G	1/5 YR
74-83-9	Methyl Bromide (synonym = Bromomethane)	624	(4)	<10	G	1/5 YR
75-09-2	Methylene Chloride (synonym = Dichloromethane)	624	20.0	<10	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	624	(4)	<10	G	1/5 YR
127-18-4	Tetrachloroethylene (synonym = Tetrachloroethene)	624	10.0	<10	G	1/5 YR
10-88-3	Toluene	602/624	10.0	<10	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	624	(4)	<10	G	1/5 YR
79-01-6	Trichloroethylene (synonym = Trichloroethene)	624	10.0	<10	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	<10	G	1/5 YR
	RADIONUCLIDES					
N/A	Beta Particle & Photon Activity (mrem/yr)	(3)	(4)	11	G or C	1/5 YR (PWS)
N/A	Gross Alpha Particle Activity (pCi/L)	(3)	(4)	<.1	G or C	1/5 YR (PWS)

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
N/A	Combined Radium 226 and 228	(3)	(4)	<1	G or C	1/5 YR (PWS)
N/A	Uranium	(3)	(4)	.249	G or C	1/5 YR (PWS)
	ACID EXTRACTABLES					
95-57-8	2-Chlorophenol	625	10.0	<10	G or C	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	<10	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	<10	G or C	1/5 YR
51-28-5	2,4-Dinitrophenol	625	(4)	<10	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	625	(4)	<10	G or C	1/5 YR
25154-52-3	Nonylphenol	ASTM D 7065-06	(4)	<10	G or C	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	<10	G or C	1/5 YR
108-95-2	Phenol	625	10.0	<10	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	<10	G or C	1/5 YR
	MISCELLANEOUS					
776-41-7	Ammonia as NH3-N	350.1	200	121ug/l	C	1/5 YR
16887-00-6	Chloride	(3)	(4)	337ug/l	C	1/5 YR (FW and PWS)
7782-50-5	Chlorine, Total Residual	(3)	100	ND	G	1/5 YR
57-12-5	Cyanide, Free [8]	ASTM 4282-02	10.0	<10ug/l	G	1/5 YR
94-75-7	2,4-Dichlorophenoxy acetic acid (synonym = 2,4-D)	615	(4)	<.2	G or C	1/5 YR (PWS)
N/A	*E. coli* / *Enterococcus* (N/CML)	(3)	(4)	<2	G	1/5 YR
N/A	Foaming Agents (as MBAS)	SM 5540 C	(4)	<1.0	G	1/5 YR (PWS)
18496-25-8	Sulfide, dissolved [7]	SM 4500 S^2 B	100	<100ug/l	G or C	1/5 YR
14797-55-8	Nitrate as N (mg/L)	(3)	(4)	<.05	C	1/5 YR (PWS)
N/A	Sulfate (mg/L)	(3)	(4)	31.6	C	1/5 YR (PWS)
N/A	Total Dissolved Solids (mg/L)	(3)	(4)	239	C	1/5 YR (PWS)
60-10-5	Tributyltin	(5)	(4)	<.03	G or C	1/5 YR
93-72-1	2-(2,4,5-Trichlorophenoxy propionic acid (synonym = Silvex or 2,4,5-TP)	615	(4)	<.2	G or C	1/5 YR (PWS)
471-34-1	Hardness (mg/L as $CaCO_3$)	(3)	(4)	82.1	G or C	1/5 YR (FW & TZs)

Timothy Newton Environmental Services Director
Name of Principal Executive Officer or Authorized Agent & Title

12/6/13
Signature of Principal Executive Officer or Authorized Agent & Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) means the minimum levels, concentrations, or quantities of a target variable (e.g. target analyte) that can be reported with a specified degree of confidence in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information (i.e. laboratory certificates of analysis) shall be submitted to document that the required quantification level has been attained.

(2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = An 8-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

(3) A specific analytical method is not specified; however, an appropriate method to meet the QL shall be selected from any approved method presented in 40 CFR Part 136.

(4) The QL is at the discretion of the permittee. If the test result is less than the method QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

(5) Analytical Methods: Analysis of Butyltins in Environmental Systems by the Virginia Institute of Marine Science, dated November 1996 (currently the only Virginia Environmental Laboratory Accreditation Program (VELAP) accredited method).

(6) Both Chromium III and Chromium VI may be measured by the total chromium analysis. The total chromium analytical test QL shall be less than or equal to the lesser of the Chromium III or Chromium VI method QL listed above. If the result of the total chromium analysis is less than the analytical test QL, both Chromium III and Chromium VI can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(7) Dissolved sulfide may be measured by the total sulfide analysis. The total sulfide analytical test QL shall be less than or equal to the dissolved sulfide method QL listed above. If the result of the total sulfide analysis is less than the analytical test QL, dissolved sulfide can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(8) Free cyanide may be measured by the total cyanide analysis. The total cyanide analytical test QL shall be less than or equal to the free cyanide method QL listed above. If the result of the total cyanide analysis is less than the analytical test QL, free cyanide can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

For Approved. OMB No. 2040-0086. Approval expires 5-31-92

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VA1204		D
1	2 13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING LIST
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been proved. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental from listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)	X (16)	(17)	(18)
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)	(19)	X (20)	(21)
C. Is this facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)
D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	(28)	X (29)	(30)
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)	(40)	X (41)	(42)
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment are?** (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C 1 | SKIP (15-29) | *Virginia Correctional Center Women WWTP \ Department of Corrections* (30-69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 *Steve Spence* (15-45)	*434* (46-48) *774* (49-51) *0914* (52-55)

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 *2892 Schutt Road* (15-45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 *Burkeville* (15-40)	*VA* (41-42)	*23922* (47-51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 *2841 River Road West* (15-45)

B. COUNTY NAME

Goochland (46-70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE
C 6 *Goochland* (15-40)	(41-42)	*23063* (47-51)	(52-54)

CONTINUED ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
4952	(specify) State of VA WWTP		(specify)
C. THIRD		D. FOURTH	
	(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Randy Wilson	☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

C. STATUS	(specify)	D. PHONE (area code & no.)
S		A 804 556 7131

E. STREET OR PO BOX: 1954 State Farm Road

F. CITY OR TOWN	G. STATE	H. ZIP CODE
State Farm	VA	23160

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)	
C T I: 9 N	VA 0020702	C T S: 9 P	
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	(Specify)
C T I: 9 U		C T S: 9	
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	(Specify)
C T I: 9 R		C T S: 9	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Prison Facility for women.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

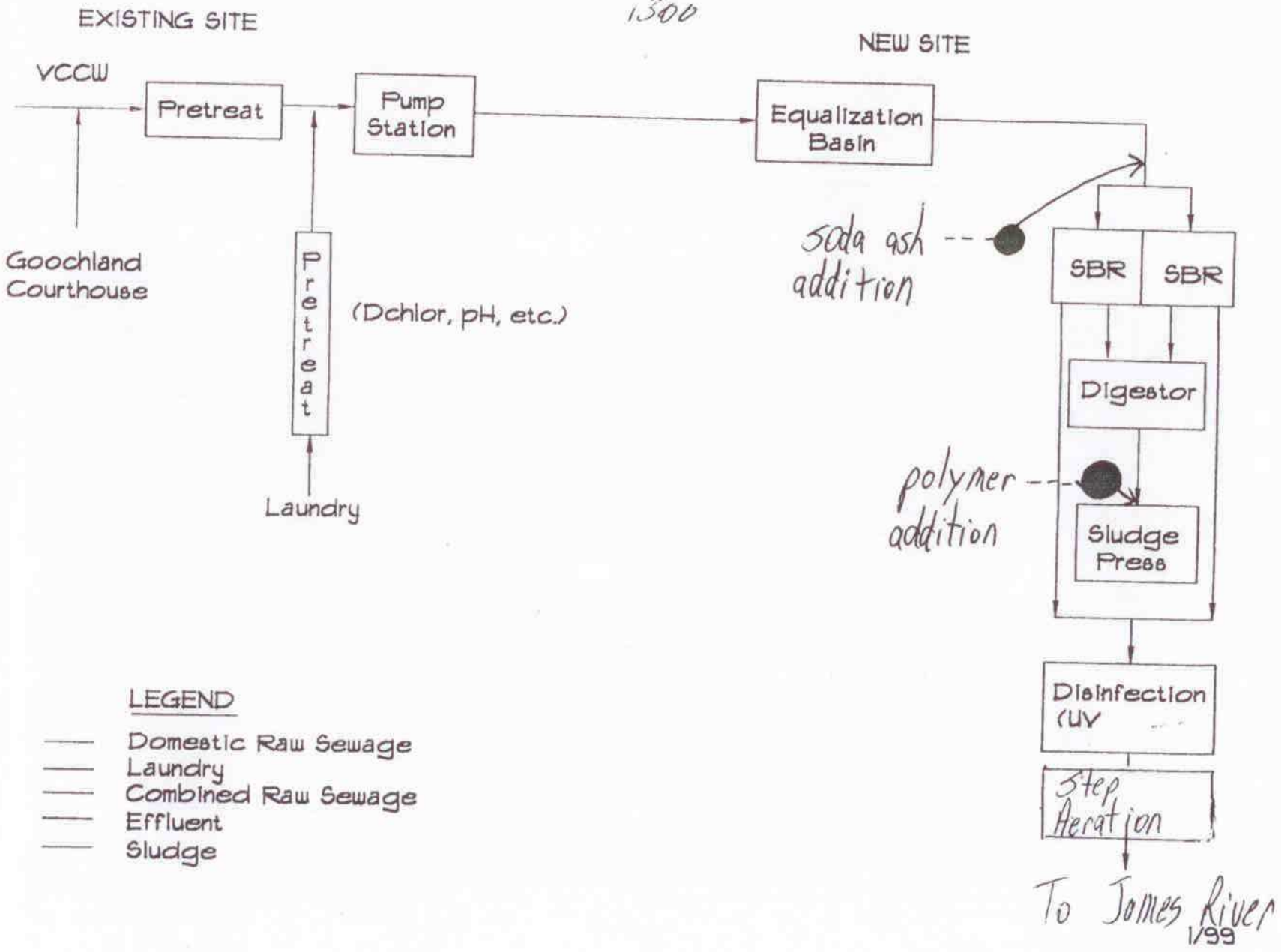
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ESU Director Timothy Heaton	Timothy Heaton	12/6/13

COMMENTS FOR OFFICIAL USE ONLY

C

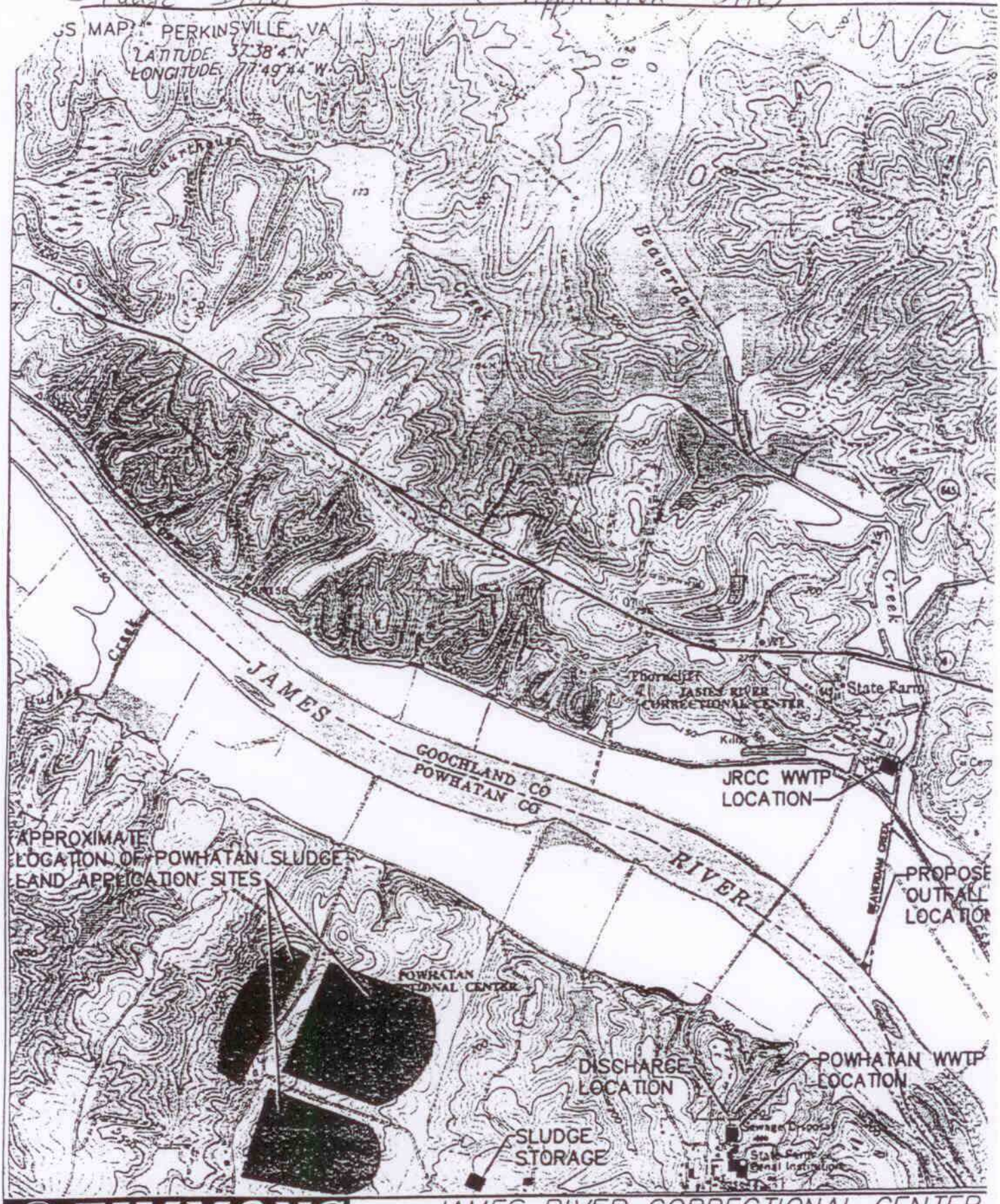
Plant Layout

DESIGN FLOW ~~400~~ 1300 MGD



1/99

Sludge Info Land Application Sites



TIMMONS
CIVIL ENGINEERS
CORPORATE HEADQUARTERS
711 N. COURTHOUSE ROAD
RICHMOND, VIRGINIA 23236-4099
TELEPHONE: (804) 794-3500
FAX: (804) 794-7639

JAMES RIVER CORRECTIONAL CENTER

GOOCHLAND CO., VIRGINIA

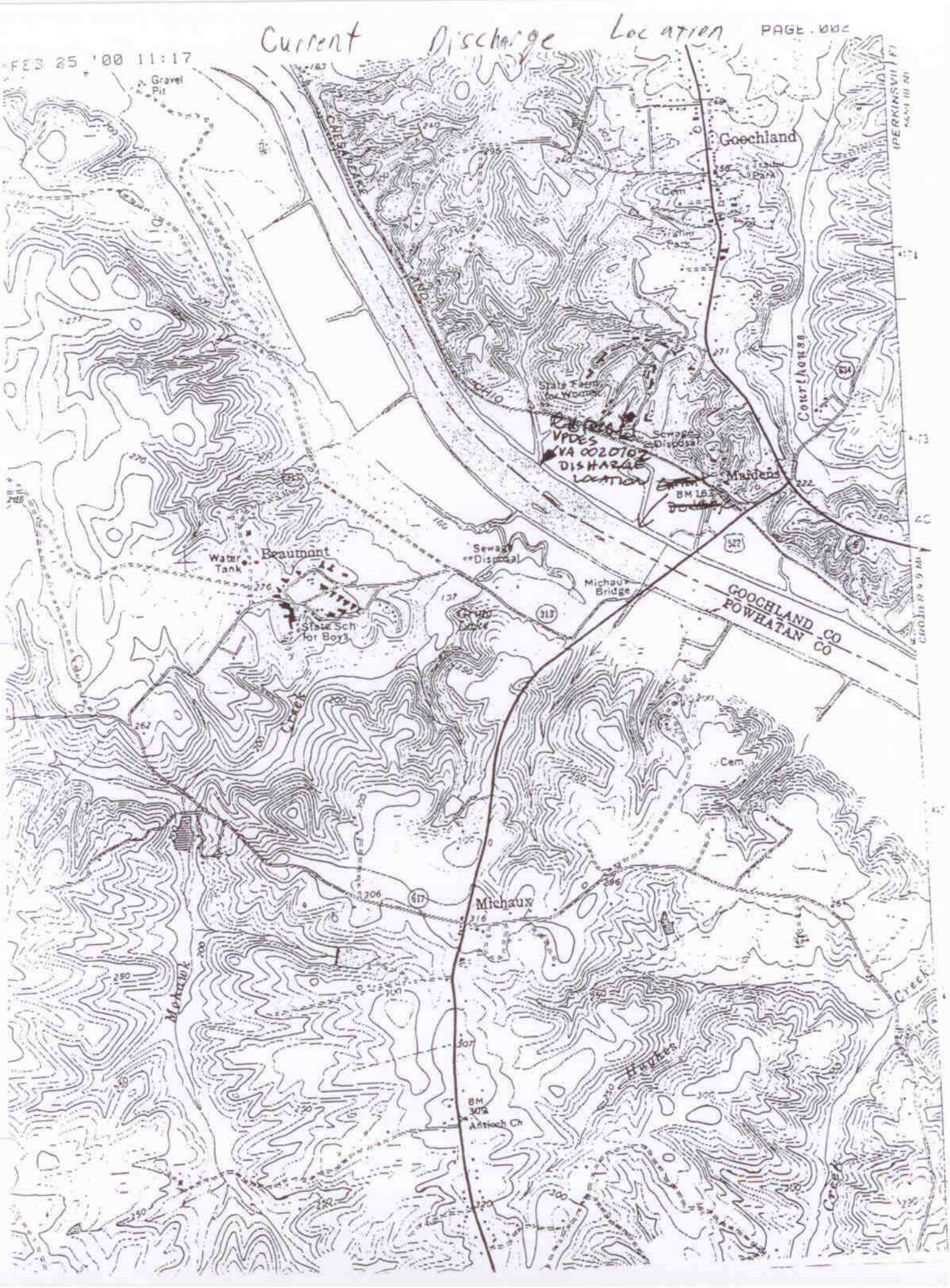
VICINITY MAP

DATE: 2/5/02

SCALE: 1" = 2000'

DRAWN BY: DTN

SHEET 1 OF 1


Current Discharge Location
PAGE.002
FEB 25 '00 11:17
Gravel Pit
Goochland
Courthouse
State Farm for Women
Sewage Disposal
VPDES
VA 0020702
DISCHARGE
LOCATION
Maidens
BM 163
Water Tank
Beaumont
Sewage Disposal
Michaux Bridge
GOOCHLAND CO
POWHATAN CO
State Sch for Boys
Gravel Lake
Creek
Cem
Michaux
Mohawk
Hughes
BM 305
Antioch Ch

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Virginia Department of Corrections

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** attached

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** none

5. **What is the design average effluent flow of this facility?** 0.300 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
100% Domestic flow

100 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 0

____ % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
X Permanent stream, never dry
____ Intermittent stream, usually flowing, sometimes dry
____ Ephemeral stream, wet-weather flow, often dry
____ Effluent-dependent stream, usually or always dry without effluent flow
____ Lake or pond at or below the discharge point
____ Other:

9. Approval **Date(s):**
O & M Manual 11/20/2007 **Sludge/Solids Management Plan** 1-1-2004

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

FACILITY NAME: Virginia Correctional Ctr for Women VPDES PERMIT NUMBER: VA0020702

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use ordisposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? _X_ Yes _No

   Does this facility derive a material from sewage sludge? _Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _Yes _X_ No

   Is sewage sludge from this facility applied to the land? _X_ Yes _No

   If you answer No to all above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   _Yes _X_ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or giveaway for application to the land? _Yes _X_ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _X_ Yes _No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

VA0020702

FACILITY NAME: Virginia Correctional Ct for Women VPDES PERMIT NUMBER:

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Virginia Correctional Center for Women

   b. Contact person: Randy Wilson
   Title: Environmental Services Unit Supervisor
   Phone: (804) 556-7131
   c. Mailing address:
   Street or P.O. Box: 1954 State Farm Road
   City or Town: State Farm State: VA Zip: 23160
   d. Facility location:
   Street or Route #: Route 6
   County: Goochland
   City or Town: Goochland State: VA Zip: 23160
   e. Is this facility a Class I sludge management facility? __Yes _X_No
   f. Facility design flow rate: .300 mgd
   g. Total population served: 1685
   h. Indicate the type of facility:
   _X_ Publicly owned treatment works (POTW)
   __ Privately owned treatment works
   __ Federally owned treatment works
   __ Blending or treatment operation
   __ Surface disposal site
   _X_ Other (describe): State Owned

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Virginia Department of Corrections

   b. Mailing address:
   Street or P.O. Box: 6900 Atmore Drive
   City or Town: Richmond State: VA Zip: 23235
   c. Contact person:

   Title: Timothy Newton

   Phone: (434) 887-8069
   d. Is the applicant the owner or operator (or both) of this facility?
   _X_ owner _X_ operator
   d. Should correspondence regarding this permit be directed to the facility or the applicant?
   _____ facility _X_ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA 0020702
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VA0020699	VPDES – Powhatan WWTP Sludge Disposal Permit

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes _X_No If yes, describe:

VA0076702

FACILITY NAME: Virginia Correctional Ct. for Women VPDES PERMIT NUMBER:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.

   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. **Aerobically digest sludge for 28 days, use belt press for dewatering, add lime in storage shed for stabilization and commingle before land application.**

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X_No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of theservice to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	1.82	3-13-2013	SW6010B	1.79
Cadmium	<1.79	3-13-2013	SW6010B	1.79
Chromium	9.13	2-24-2-13	SW6010B	1.79
Copper	228	3-13-2013	SW6010B	1.79
Lead	2.97	3-13-2013	SW6010B	1.79
Mercury	0.318	3-13-2013	SW7471A	0.029
Molybdenum	<8.93	3-13-2013	SW6010B	8.93
Nickel	10.3	3-13-2013	SW6010B	1.79
Selenium	<8.93	3-13-2013	SW6010B	8.93
Zinc	166	3-13-2013	SW6010B	1.79

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

_X_Section A (General Information)
_X_Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
__X__Section C (Land Application of Bulk Sewage Sludge)

FACILITY NAME: Virginia Corr. Ctr for Women

VA0020702

VPDES PERMIT NUMBER:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Tim Newton /ESU Director

Signature _____ Date Signed 12/6/13

Telephone number 804-887-8069

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: VCCW

VPDES PERMIT NUMBER: VA0020702

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 30 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A X Class B __Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic digestion for 38% reduction of volatile solids.
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      X Option 1 (Minimum 38 percent reduction in volatile solids)
      __ Option 2 (Anaerobic process, with bench-scale demonstration)
      __ Option 3 (Aerobic process, with bench-scale demonstration)
      __ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      __ Option 5 (Aerobic processes plus raised temperature)
      X Option 6 (Raise pH to 12 and retain at 11.5)
      __ Option 7 (75 percent solids with no unstabilized solids)
      __ Option 8 (90 percent solids with unstabilized solids)
      __ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Blended with lime and stabilization at sludge holding facility.
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N\A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
      n\a dry metric tons

FACILITY NAME: VCCW

VPDES PERMIT NUMBER: VA0020702

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
__Yes _X_No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: n\a dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: Powhatan Correctional Center

b. Facility contact: Randy Wilson
Title: Environmental Services Unit Supervisor
Phone: (804) 784-3551 Ext. 2299

c. Mailing address:
Street or P.O. Box: State Farm
City or Town: State Farm State: VA Zip: 23160

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 30 dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA 0020699	VPDES Permit

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? _X_Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A _X_Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: **Add lime to stabilize and blend.**

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _X_Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
_X_ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
_X_ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: **Add lime to stabilize and commingle before land application.**

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
__Yes _X_No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G. **Attached**

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? __Yes _X_No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? __X_ Yes __ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

Attached.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: 149 dry metric tons (Total Sent to Parks)

b. Do you identify all land application sites in Section C of this application? X Yes __No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? __Yes _XNo
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

n/a All state owned land. No land owners bordering application sites

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: n\a dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
__Yes __No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: __Site Owner __Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: Type of Permit:

_____

_____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: n\a dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	
_____	

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: n\a

b. Contact person:
Title:
Phone: ( )
Contact is: ___Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Landfill location.
Street or Route #:
County:
City or Town: _____ State:_____ Zip:

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
_____	
_____	

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? ___Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Goochland Gazette in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Timothy G. Newton

Owner: Virginia Department of Corrections

Agent/Department Address: 6900 Atmore Drive

Richmond, VA 23225

Agent's Telephone No.: 804-887-8069

Printed Name: Timothy G. Newton

Authorizing Agent – Signature:

Date: 12/6/13

VPDES Permit No. VA0020702
Facility Name Virginia Correctional Center for Women

VCCW WWTP to Powhatan Sludge Site

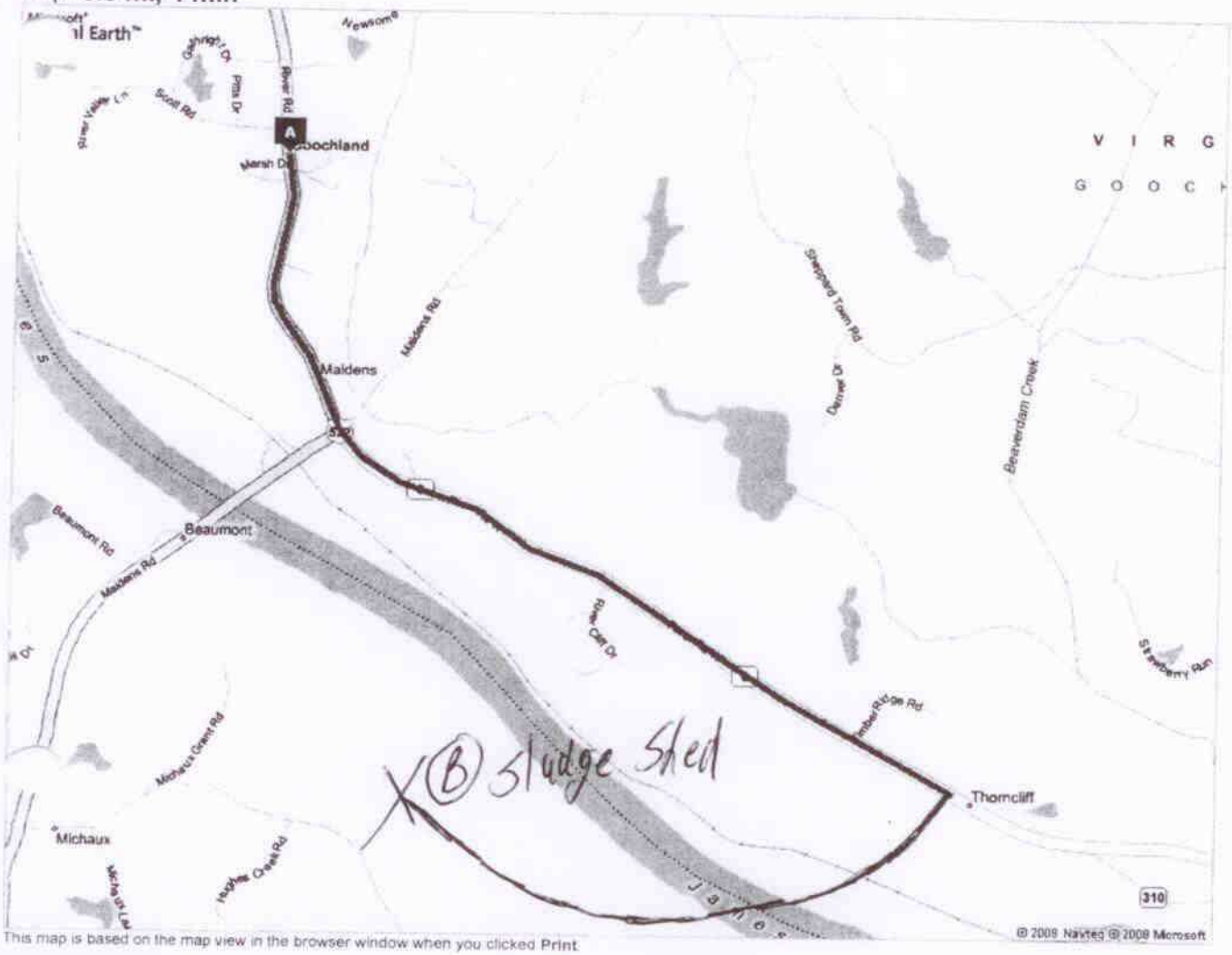
Live Search Maps

A: **Goochland, VA**
B: **23160, VA**
Trip: **3.5 mi, 4 min**

My Notes

	Goochland, VA	**A–B: 3.5 mi** 4 min
	1. Depart **US-522 / River Rd W**	1.0 mi
	2. Keep **straight** onto **SR-6 / River Rd W**	2.5 mi
	3. Arrive at **23160, VA** on the right *The last intersection is Timber Ridge Rd* *If you reach SR-310 / State Farm Rd, you've gone too far*	

Trip: **3.5 mi, 4 min**



This map is based on the map view in the browser window when you clicked Print.

A: **Goochland, VA**

B: **23160, VA**